| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 |  |   |  |                                |  |                               |        |                   | Application or Docket Number |                            |                               |                        |
|--|--|---|--|--------------------------------|--|-------------------------------|--------|-------------------|------------------------------|----------------------------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                        |  |   |  |                                |  |                               |        | SMALL ENTITY TYPE |                              | OTHER THAN OR SMALL ENTITY |                               |                        |
| U.S.   | NATIONAL                                       | STAGE FEES                                | <u> </u>   |                                |  |                               | R      | RATE              |                              |                            | RATE                          | FEE                    |
| BAS  | IC FEE   |   | SMALL ENT  | SMALL ENT. = \$ 150            |  | SE ENT. = \$ 300              | BASIC  | BASIC FEE         |                              | OR                         | BASIC FEE                     | 3/11/1                 |
| EXA  | MINATION FE                                    | E   | Satisfies PCT A  |                                |  | her situations = 100 / \$ 200 | EXAM.  | EXAM. FEE         |                              |                            | EXAM. FEE                     | 24141                  |
| SEA  | RCH FEE  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                | ALL other situations = \$ 250 / \$ 500 |                               | SEARC  | SEARCH FEE        |                              |                            | SEARCH FEE                    | 4/1/1                  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                | / 50 =                                 |                               | X \$   | X \$ 125 =        |                              |                            | X \$ 250 =                    |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20 = ,   |                                | *                                      |                               | X \$   | 25 =              |                              | OR                         | X \$ 50 =                     |                        |
| NDEPENDENT CLAIMS  |  |   | minus 3 = ,  |                                | *                                      |                               | X \$   | 100 =             |                              | OR                         | X \$ 200 =                    |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT  |                                |  |                               | + \$   | 180 =             |                              | OR                         | + \$ 360 =                    |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                |  |                               | то     | TAL               |                              | OR                         | TOTAL                         |                        |
|  | CLAIMS AS AMENDED - PART II    (Column 1)      |   |  |                                |  |                               | SN     | SMALL ENTITY      |                              | OR                         | OTHER THAN SMALL ENTITY ADDI- |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUM<br>PREVIO<br>PAID          | USLY                                   | PRESENT<br>EXTRA              | R/     | ATE               | TIONAL<br>FEE                |                            | RATE                          | TIONAL<br>FEE          |
|  | Total  | *   | Minus  | **                             |  | =                             | X \$   | 25 =              |                              | OR                         | X \$ 50 =                     |                        |
|  | Independent                                    | *   | Minus  | ***                            |  | =                             | X \$   | 100 =             |                              | OR                         | X \$ 200 =                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |  |                               | +\$    | 180 =             |                              | OR                         | + \$ 360 =                    |                        |
|  |  |   |  |                                | <del>-1. 1</del>                       |                               |        | ADDIT.<br>EE      |                              | OR                         | TOTAL ADDIT.<br>FEE           |                        |
|  |  | (Column 1)                                |  | (Colum                         | nn 2)                                  | (Column 3)                    |        |                   |                              | _                          |                               | •                      |
|  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA              | RA     | NTE               | ADDI-<br>TIONAL<br>FEE       |                            | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                             |  | =                             | X·\$   | 25 =              |                              | OR                         | X \$ 50 =                     |                        |
|  | Independent                                    | *   | Minus  | ***                            |  | =                             | X \$ - | 100 =             |                              | OR                         | X \$ 200 =                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |  |                               |        | 180 =             |                              | OR                         | + \$ 360 =                    |                        |
|  |  | · ·                                       |  |                                |  |                               |        | ADDIT.<br>EE      |                              | OR                         | TOTAL ADDIT.<br>FEE           |                        |
|  |  |   |  | •                              |  |                               |        |                   |                              |                            |                               |                        |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.